

DEPARTMENT OF THE TREASURY - DIVISION OF PENSIONS AND BENEFITS
NEW JERSEY STATE HEALTH BENEFITS PROGRAM
LOCAL MONTHLY ACTIVE GROUP - LOCAL GOVERNMENT EMPLOYERS
MONTHLY RATES EFFECTIVE 1/1/2014 to 12/31/2014

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PROGRAM #201			
<u>AETNA FREEDOM10 #018(1)</u>			
Single	\$721.20	-----	\$721.20
Member & Spouse/Partner	\$722.85	\$719.53	\$1,442.38
Family	\$723.46	\$1,144.45	\$1,867.91
Parent & Child	\$721.92	\$424.79	\$1,146.71
<u>NJ DIRECT10 #050(1)</u>			
Single	\$714.06	-----	\$714.06
Member & Spouse/Partner	\$715.71	\$712.40	\$1,428.11
Family	\$716.32	\$1,133.10	\$1,849.42
Parent & Child	\$714.78	\$420.58	\$1,135.36
<u>AETNA FREEDOM15 #180(1)</u>			
Single	\$686.76	-----	\$686.76
Member & Spouse/Partner	\$688.41	\$685.13	\$1,373.54
Family	\$689.02	\$1,089.69	\$1,778.71
Parent & Child	\$687.48	\$404.47	\$1,091.95
<u>NJ DIRECT15 #150(1)</u>			
Single	\$679.97	-----	\$679.97
Member & Spouse/Partner	\$681.62	\$678.32	\$1,359.94
Family	\$682.23	\$1,078.89	\$1,761.12
Parent & Child	\$680.69	\$400.46	\$1,081.15
<u>AETNA HMO #019(1)</u>			
Single	\$688.53	-----	\$688.53
Member & Spouse/Partner	\$690.18	\$686.89	\$1,377.07
Family	\$690.79	\$1,092.50	\$1,783.29
Parent & Child	\$689.25	\$405.51	\$1,094.76
<u>HORIZON HMO #011(1)(4)</u>			
Single	\$681.64	-----	\$681.64
Member & Spouse/Partner	\$683.29	\$680.01	\$1,363.30
Family	\$683.90	\$1,081.55	\$1,765.45
Parent & Child	\$682.36	\$401.45	\$1,083.81
<u>PRESCRIPTION DRUG PROGRAM #201</u>			
Single	\$185.84	-----	\$185.84
Member & Spouse/Partner	\$185.84	\$185.84	\$371.68
Family	\$185.84	\$295.49	\$481.33
Parent & Child	\$185.84	\$109.65	\$295.49
MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PLAN #205			
<u>AETNA FREEDOM1525 #063(2)</u>			
Single	\$666.19	-----	\$666.19
Member & Spouse/Partner	\$667.84	\$664.56	\$1,332.40
Family	\$668.45	\$1,056.98	\$1,725.43
Parent & Child	\$666.91	\$392.33	\$1,059.24
<u>NJ DIRECT1525 #051(2)</u>			
Single	\$659.60	-----	\$659.60
Member & Spouse/Partner	\$661.25	\$657.95	\$1,319.20
Family	\$661.86	\$1,046.50	\$1,708.36
Parent & Child	\$660.32	\$388.44	\$1,048.76
<u>AETNA HMO1525 #061(2)</u>			
Single	\$635.14	-----	\$635.14
Member & Spouse/Partner	\$636.79	\$633.48	\$1,270.27
Family	\$637.40	\$1,007.61	\$1,645.01
Parent & Child	\$635.86	\$374.01	\$1,009.87
<u>HORIZON HMO1525 #053(2)(4)</u>			
Single	\$628.79	-----	\$628.79
Member & Spouse/Partner	\$630.44	\$627.13	\$1,257.57
Family	\$631.05	\$997.52	\$1,628.57
Parent & Child	\$629.51	\$370.27	\$999.78
<u>PRESCRIPTION DRUG PROGRAM #205</u>			
Single	\$168.55	-----	\$168.55
Member & Spouse/Partner	\$168.55	\$168.57	\$337.12
Family	\$168.55	\$267.99	\$436.54
Parent & Child	\$168.55	\$99.44	\$267.99

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MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PROGRAM #206

<u>AETNA FREEDOM2030 #064(3)</u>			
Single	\$626.21	-----	\$626.21
Member & Spouse/Partner	\$627.86	\$624.57	\$1,252.43
Family	\$628.47	\$993.41	\$1,621.88
Parent & Child	\$626.93	\$368.74	\$995.67
<u>NJ DIRECT2030 #052(3)</u>			
Single	\$620.00	-----	\$620.00
Member & Spouse/Partner	\$621.65	\$618.38	\$1,240.03
Family	\$622.26	\$983.54	\$1,605.80
Parent & Child	\$620.72	\$365.08	\$985.80
<u>AETNA HMO2030 #062(3)</u>			
Single	\$597.86	-----	\$597.86
Member & Spouse/Partner	\$599.51	\$596.20	\$1,195.71
Family	\$600.12	\$948.34	\$1,548.46
Parent & Child	\$598.58	\$352.02	\$950.60
<u>HORIZON HMO2030 #054(3)(5)</u>			
Single	\$591.88	-----	\$591.88
Member & Spouse/Partner	\$593.53	\$590.23	\$1,183.76
Family	\$594.14	\$938.83	\$1,532.97
Parent & Child	\$592.60	\$348.49	\$941.09
<u>PRESCRIPTION DRUG PROGRAM #206</u>			
Single	\$171.54	-----	\$171.54
Member & Spouse/Partner	\$171.54	\$171.52	\$343.06
Family	\$171.54	\$272.75	\$444.29
Parent & Child	\$171.54	\$101.21	\$272.75

MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PROGRAM #207

<u>AETNA FREEDOM2035 #066(4)</u>			
Single	\$538.54	-----	\$538.54
Member & Spouse/Partner	\$540.19	\$536.89	\$1,077.08
Family	\$540.80	\$886.33	\$1,427.13
Parent & Child	\$539.26	\$349.33	\$888.59
<u>NJ DIRECT2035 #056(4)</u>			
Single	\$533.20	-----	\$533.20
Member & Spouse/Partner	\$534.85	\$531.55	\$1,066.40
Family	\$535.46	\$877.52	\$1,412.98
Parent & Child	\$533.92	\$345.86	\$879.78
<u>AETNA HMO2035 #065(4)</u>			
Single	\$514.16	-----	\$514.16
Member & Spouse/Partner	\$515.81	\$512.51	\$1,028.32
Family	\$516.42	\$846.10	\$1,362.52
Parent & Child	\$514.88	\$333.48	\$848.36
<u>HORIZON HMO2035 #055(4)(5)</u>			
Single	\$509.02	-----	\$509.02
Member & Spouse/Partner	\$510.67	\$507.36	\$1,018.03
Family	\$511.28	\$837.61	\$1,348.89
Parent & Child	\$509.74	\$330.14	\$839.88
<u>PRESCRIPTION DRUG PROGRAM #207</u>			
Single	\$154.39	-----	\$154.39
Member & Spouse/Partner	\$154.39	\$154.38	\$308.77
Family	\$154.39	\$254.73	\$409.12
Parent & Child	\$154.39	\$100.35	\$254.74

HIGH DEDUCTIBLE HEALTH PLANS WITH BUILT IN PRESCRIPTION DRUG

<u>AETNA VALUE HD4000 #092(6)</u>			
Single	\$455.79	-----	\$455.79
Member & Spouse/Partner	\$457.44	\$454.13	\$911.57
Family	\$458.05	\$722.44	\$1,180.49
Parent & Child	\$456.51	\$268.19	\$724.70
<u>NJ DIRECT HD4000 #090(6)</u>			
Single	\$456.40	-----	\$456.40
Member & Spouse/Partner	\$458.05	\$454.75	\$912.80
Family	\$458.66	\$723.41	\$1,182.07
Parent & Child	\$457.12	\$268.55	\$725.67
<u>AETNA VALUE HD1500 #093(7)(8)</u>			
Single	\$675.98	-----	\$675.98
Member & Spouse/Partner	\$677.63	\$674.35	\$1,351.98
Family	\$678.24	\$1,072.55	\$1,750.79
Parent & Child	\$676.70	\$398.11	\$1,074.81
<u>NJ DIRECT HD1500 #091(7)(8)</u>			
Single	\$676.89	-----	\$676.89
Member & Spouse/Partner	\$678.54	\$675.26	\$1,353.80
Family	\$679.15	\$1,073.99	\$1,753.14
Parent & Child	\$677.61	\$398.64	\$1,076.25

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<u>AETNA FREEDOM10 #018(1)</u>			
Single	\$897.58	-----	\$897.58
Member & Spouse/Partner	\$899.23	\$895.90	\$1,795.13
Family	\$899.84	\$1,424.89	\$2,324.73
Parent & Child	\$898.30	\$528.85	\$1,427.15
<u>NJ DIRECT10 #050(1)</u>			
Single	\$849.57	-----	\$849.57
Member & Spouse/Partner	\$851.22	\$847.91	\$1,699.13
Family	\$851.83	\$1,348.56	\$2,200.39
Parent & Child	\$850.29	\$500.53	\$1,350.82
<u>AETNA FREEDOM15 #180(1)</u>			
Single	\$863.14	-----	\$863.14
Member & Spouse/Partner	\$864.79	\$861.50	\$1,726.29
Family	\$865.40	\$1,370.13	\$2,235.53
Parent & Child	\$863.86	\$508.53	\$1,372.39
<u>NJ DIRECT15 #150(1)</u>			
Single	\$808.99	-----	\$808.99
Member & Spouse/Partner	\$810.64	\$807.34	\$1,617.98
Family	\$811.25	\$1,284.03	\$2,095.28
Parent & Child	\$809.71	\$476.58	\$1,286.29
<u>AETNA HMO #019(1)</u>			
Single	\$864.91	-----	\$864.91
Member & Spouse/Partner	\$866.56	\$863.26	\$1,729.82
Family	\$867.17	\$1,372.94	\$2,240.11
Parent & Child	\$865.63	\$509.57	\$1,375.20
<u>HORIZON HMO #011(1)</u>			
Single	\$858.02	-----	\$858.02
Member & Spouse/Partner	\$859.67	\$856.38	\$1,716.05
Family	\$860.28	\$1,361.99	\$2,222.27
Parent & Child	\$858.74	\$505.51	\$1,364.25
<u>AETNA FREEDOM1525 #063(2)</u>			
Single	\$787.09	-----	\$787.09
Member & Spouse/Partner	\$788.74	\$785.45	\$1,574.19
Family	\$789.35	\$1,249.21	\$2,038.56
Parent & Child	\$787.81	\$463.66	\$1,251.47
<u>NJ DIRECT1525 #051(2)</u>			
Single	\$780.50	-----	\$780.50
Member & Spouse/Partner	\$782.15	\$778.84	\$1,560.99
Family	\$782.76	\$1,238.73	\$2,021.49
Parent & Child	\$781.22	\$459.77	\$1,240.99
<u>AETNA HMO1525 #061(2)</u>			
Single	\$803.69	-----	\$803.69
Member & Spouse/Partner	\$805.34	\$802.05	\$1,607.39
Family	\$805.95	\$1,275.60	\$2,081.55
Parent & Child	\$804.41	\$473.45	\$1,277.86
<u>HORIZON HMO1525 #053(2)</u>			
Single	\$797.34	-----	\$797.34
Member & Spouse/Partner	\$798.99	\$795.70	\$1,594.69
Family	\$799.60	\$1,265.51	\$2,065.11
Parent & Child	\$798.06	\$469.71	\$1,267.77

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<u>AETNA FREEDOM2030 #064(3)</u>			
Single	\$747.11	-----	\$747.11
Member & Spouse/Partner	\$748.76	\$745.46	\$1,494.22
Family	\$749.37	\$1,185.64	\$1,935.01
Parent & Child	\$747.83	\$440.07	\$1,187.90
<u>NJ DIRECT2030 #052(3)</u>			
Single	\$740.90	-----	\$740.90
Member & Spouse/Partner	\$742.55	\$739.27	\$1,481.82
Family	\$743.16	\$1,175.77	\$1,918.93
Parent & Child	\$741.62	\$436.41	\$1,178.03
<u>AETNA HMO2030 #062(3)</u>			
Single	\$769.40	-----	\$769.40
Member & Spouse/Partner	\$771.05	\$767.72	\$1,538.77
Family	\$771.66	\$1,221.09	\$1,992.75
Parent & Child	\$770.12	\$453.23	\$1,223.35
<u>HORIZON HMO2030 #054(3)(5)</u>			
Single	\$763.42	-----	\$763.42
Member & Spouse/Partner	\$765.07	\$761.75	\$1,526.82
Family	\$765.68	\$1,211.58	\$1,977.26
Parent & Child	\$764.14	\$449.70	\$1,213.84
<u>AETNA FREEDOM2035 #066(4)</u>			
Single	\$647.35	-----	\$647.35
Member & Spouse/Partner	\$649.00	\$645.70	\$1,294.70
Family	\$649.61	\$1,065.87	\$1,715.48
Parent & Child	\$648.07	\$420.06	\$1,068.13
<u>NJ DIRECT2035 #056(4)</u>			
Single	\$642.01	-----	\$642.01
Member & Spouse/Partner	\$643.66	\$640.36	\$1,284.02
Family	\$644.27	\$1,057.06	\$1,701.33
Parent & Child	\$642.73	\$416.59	\$1,059.32
<u>AETNA HMO2035 #065(4)</u>			
Single	\$668.55	-----	\$668.55
Member & Spouse/Partner	\$670.20	\$666.89	\$1,337.09
Family	\$670.81	\$1,100.83	\$1,771.64
Parent & Child	\$669.27	\$433.83	\$1,103.10
<u>HORIZON HMO2035 #055(4)(5)</u>			
Single	\$663.41	-----	\$663.41
Member & Spouse/Partner	\$665.06	\$661.74	\$1,326.80
Family	\$665.67	\$1,092.34	\$1,758.01
Parent & Child	\$664.13	\$430.49	\$1,094.62
<u>AETNA VALUE HD4000 #092(6)</u>			
Single	\$455.79	-----	\$455.79
Member & Spouse/Partner	\$457.44	\$454.13	\$911.57
Family	\$458.05	\$722.44	\$1,180.49
Parent & Child	\$456.51	\$268.19	\$724.70
<u>NJ DIRECT HD4000 #090(6)</u>			
Single	\$456.40	-----	\$456.40
Member & Spouse/Partner	\$458.05	\$454.75	\$912.80
Family	\$458.66	\$723.41	\$1,182.07
Parent & Child	\$457.12	\$268.55	\$725.67
<u>AETNA VALUE HD1500 #093(7)(8)</u>			
Single	\$675.98	-----	\$675.98
Member & Spouse/Partner	\$677.63	\$674.35	\$1,351.98
Family	\$678.24	\$1,072.55	\$1,750.79
Parent & Child	\$676.70	\$398.11	\$1,074.81
<u>NJ DIRECT HD1500 #091(7)(8)</u>			
Single	\$676.89	-----	\$676.89
Member & Spouse/Partner	\$678.54	\$675.26	\$1,353.80
Family	\$679.15	\$1,073.99	\$1,753.14
Parent & Child	\$677.61	\$398.64	\$1,076.25